

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027949

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1173

VS 300
Rev. 4/59

10397

20770

3

4 1

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9 170X

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11

12 4-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JUL 31 1963

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Springfield

Length of stay in 1b
6 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. John

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ozark

c. CITY OR TOWN Gainesville

d. STREET ADDRESS (If outside, give location)
Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Wanda Lucille Johnson

4. DATE OF DEATH July 25, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9-24-25

9. AGE (last birthday) 37
IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
Beauty Operator

11. BIRTHPLACE (City and state or country)
Ava, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Wm. M. Singleton

13b. MOTHER'S MAIDEN NAME

Sallie Young

14. NAME OF HUSBAND OR WIFE

Quentin R. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Quentin R. Johnson, Gainesville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction into cerebral metastasis 48-hrs

INTERVAL BETWEEN ONSET AND DEATH

24 to 2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Bilateral carcinoma of breast

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

NO

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1961 to July 25, 1963 and last saw her alive on July 25, 1963
Death occurred at 5:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
J. U. Cleamon, M.D.

22b. ADDRESS
Springfield, MO

22c. DATE SIGNED
29 July 63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
7-28-63

23c. NAME OF CEMETERY OR CREMATORY
Ava

23d. LOCATION (City, town, or county)
Ava, Missouri

24. FUNERAL DIRECTOR ADDRESS
Clinkingbeard Funeral Home, Ava, Mo.

25. DATE RECD. BY LOCAL REG.
7-30-63

26. REGISTRAR'S SIGNATURE
E. J. G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AUG 13 1963

AUG 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.